



Auburn's Neighborhood Matching Grant Program
Community Services Division
25 West Main Street, Auburn, WA 98001
phone: 253-876-1988

NEIGHBORHOOD MATCHING GRANT

Neighborhood Improvement Grant Application Form

NEIGHBORHOOD NAME: _____

NEIGHBORHOOD PROJECT COORDINATOR: _____

PHONE #: _____ **EMAIL:** _____

ADDRESS FOR PROJECT COORDINATOR: _____

PARTNERING ORGANIZATION (IF APPLICABLE): _____

PARTNERING ORGANIZATION PROJECT COORDINATOR (IF APPLICABLE): _____

PHONE #: _____ **EMAIL:** _____

ADDRESS FOR PROJECT COORDINATOR: _____

WHY WAS THE PROJECT COORDINATOR(S) CHOSEN OR WHY DID THEY VOLUNTEER FOR THE POSITION? (PLEASE USE ADDITIONAL PAPER IF YOU NEED MORE SPACE).

PROJECT TITLE: _____

AMOUNT REQUESTED: _____

COMMON BOUNDARIES OF THE TARGET NEIGHBORHOOD: (You may use a map or describe the boundaries relative to existing streets or other landmarks. Please use additional paper if you need more space.)

Approximately how many homes/businesses are in your designated Neighborhood group?

SUMMARY OF PROJECT: (Please use additional paper if you need more space.)

PROJECTED OUTCOMES AND NEIGHBORHOOD BENEFITS: HOW WILL YOUR PROPOSED PROJECT BENEFIT YOUR NEIGHBORHOOD/BUSINESS AREA? (Please use additional paper if you need more space.)

IN YOUR OPINION, WHICH OF THE FOLLOWING GOALS FITS YOUR PROJECT:

- _____ Keeps the residents of Auburn vigilant against crime.
- _____ Creates an attachment between residents and their neighborhood/business area.
- _____ Helps children stay in school and excel to the best of their abilities.
- _____ Maintains safe and beautiful neighborhood areas.
- _____ Other: (please describe): _____

WHAT STEPS ARE YOU TAKING, OR PLAN TO TAKE, TO INCLUDE EVERYBODY WHO LIVES OR DOES BUSINESS IN YOUR AREA?

- _____ Door-to-door flyers _____ Public Notices
- _____ School Flyers/Bulletins _____ Advertisements
- _____ Other, please describe: _____

HOW DOES YOUR PROJECT INVOLVE AND/OR ACCOMMODATE YOUTH, SENIORS AND SPECIAL NEEDS POPULATIONS?
(Please use additional paper if you need more space.)

DOES THE PROJECT REQUIRE ON-GOING MAINTENANCE?

Yes _____ No _____

IF YES, WHO WILL TAKE RESPONSIBILITY FOR LONG-TERM MAINTENANCE?

HOW MUCH DO YOU PROPOSE TO OFFER AS A MATCH? \$ _____

HOW DO YOU PROPOSE TO SATISFY YOUR REQUIRED MATCH?

DESCRIPTION	AMOUNT
VOLUNTEER TIME AND LABOR	
DONATED MATERIALS	VALUE: \$
IN-KIND SERVICES:	HOURS: VALUE: \$
OTHER: (please describe)	